# Row 11453

Visit Number: 1dcdc94247622829da47ad9e5d50ae65ba4bde6dbf1861eef7604c5fde72cc5d

Masked\_PatientID: 11443

Order ID: 5190053059f65ab95ee7f57ed6966df1dd376bc72c2202215b3d1b0e2ff55089

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 29/9/2015 17:11

Line Num: 1

Text: HISTORY right pleural effusion, loculated. ? old hemothorax/ post inflammatory pleural reaction; ESRF on dialysis, liver cirrhosis, recurrent liver abscess post drainage, complicated by bleeding requiring hepatic artery embolisation TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Previous CT abdomen and pelvis dated 11/03/2015 and recent CXRs were reviewed. There is moderate sized right pleural effusion with smooth parietal pleural thickening and enhancement. No mediastinal pleural thickening is observed. Partial passive collapse of the right lower and middle lobes are noted. Minor atelectatic changes are noted elsewhere in both lungs. In the apico-posterior segment of the left upper lobe there is a small 6mm illdefined ground glass lesion (image 5-43) which may be inflammatory. The large airways are clear. There are small volume subcentimetre nodes in the subcarinal, paratracheal and left supra clavicular fossa which are below significant size threshold. Heart is not enlarged. There are extensive calcifications in the major coronary arteries. No pericardial thickening or effusion is seen. A small linear filling defect in the left lower lobe segmental pulmonary artery may represent sequel of chronic embolus (image 4-53). Small gynaecomastias are noted bilaterally. The partially imaged upper abdomen show cirrhotic liver with embolization coils in the right lobe. Vague hypodense areas are again seen in the right lobe which are slightly smaller and could represent postinflammatory change. The spleen is mildly enlarged measuring 15 cm. Stable small myelolipoma in the left adrenal gland is noted. Multi level degenerative changes are noted in the thoracic spine. Healed right rib fractures are noted. CONCLUSION Moderate right pleural effusion with mild smooth thickening of the pleura is nonspecific although may be reactive. Further correlation with fluid cytology may be of help. Adjacent passive atelectatic changes are noted in the middle lobe and lingula. A small ground-glass nodule in the left upper lobe may be inflammatory. Small linear filling defect inthe left lower lobe segmental pulmonary artery may represent sequelae of chronic embolus. May need further action Reported by: <DOCTOR>

Accession Number: 6f468db97392bdd798c69eac72f26ee4e3540c311f8e1206ce6cfb9f8326dc0c

Updated Date Time: 06/10/2015 18:24